



DELAWARE WATER GAP BOROUGH

PO BOX 218 DELAWARE WATER GAP, PA 18327

Phone: 570-476-0331 Fax: 570-476-0380 Email: dwgboro@noln.com

PERMIT APPLICATION FOR PEDDLING, CANVASSING OR SOLICITING

NAME OF APPLICANT _____
HOME ADDRESS OF APPLICANT _____
APPLICANTS PHONE # _____ SS# _____

NAME, ADDRESS AND PHONE NUMBER OF APPLICANT EMPLOYER (IF ANY)

TYPE OF GOODS OR MERCHANDISE TO BE SOLD _____

LENGTH OF TIME PERMIT IS DESIRED _____

WILL APPLICANT MAKE USE OF ANY MOTOR VEHICLE, BE ON FOOT OR USE PORTABLE STRUCTURES FOR THE WORK COVERED BY THE APPLICATION? _____

IF MOTOR VEHICLE IS USED, PLEASE PROVIDE THE FOLLOWING INFORMATION

OWNER OF VEHICLE _____
MAKE & MODEL OF VEHICLE _____ REGISTRATION # _____

APPLICANTS DRIVER'S LICENSE NO. AND STATE _____

HAS APPLICANT OR ANY OF HIS ASSISTANTS EVER BEEN CONVICTED OF A CRIME (OTHER THAN A SUMMARY MOTOR VEHICLE OFFENSE?) _____

IF YES TO THE ABOVE, PLEASE STATE WHEN, WHERE AND NATURE OF OFFENSE AND SENTENCE _____

I HEREBY MAKE APPLICATION FOR A PERMIT, AS REQUIRED BY ORDINANCE # 42 OF THE BOROUGH OF DELAWARE WATER GAP AND DO HEREBY STATE THAT ALL OF THE INFORMATION SET FORTH ON THIS APPLICATION IS TRUE AND CORRECT. I DO FURTHER AGREE TO COMPLY WITH ALL OF THE PROVISIONS OF THE AFORESAID ORDINANCE.

SIGNATURE OF APPLICANT

SIGNATURE BOROUGH OFFICIAL

DATE